

CSBME Profession Database Order Form

INSTRUCTIONS:

- ☐ Check the Profession(s) you wish to order
- ☐ Include contact information for Requestor(and Recipient of data if different)
- ☐ Attach check or money order payable to **CSBME** or **Georgia Medical Board** and mail to the:

GEORGIA MEDICAL BOARD
Attn: Carol Dorsey
2 Peachtree Street, N.W., 36th Floor
Atlanta, Georgia 30303

Orders are mailed within 48 hours of our receipt of this form (You may submit your own UPS/FedEx packaging for faster delivery)

If you need to verify receipt of the order, contact Carol Dorsey at (404) 656-3913 or cdorsey@dch.ga.gov

CHECK CATEGORY:

- ☐ Physicians (MD&DO) (\$500) ☐ Clinical Perfusionist (\$200) ☐ Physician's Assistant (\$200)
- ☐ Acupuncturist (\$200) ☐ Respiratory Care Professional (\$200) ☐ Residency Training (\$200)
- ☐ All Professions (\$1,100)

****Type or print neatly****

Requestor's Name & Company

Recipient's Name (If different from Requestor's)

Telephone number

E-mail address

Physical Delivery Address

Enter FTP address, if applicable

City State Zip Code

Enter FTP Login ID/Password, if applicable

Signature

Date